

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000010371 (8)

1. Corporation Name

FIRST SELMOR COMPANY OF PEMBROKE PINES, INC.



Principal Place of Business

911 NW 209 AVENUE  
UNIT 130  
PEMBROKE PINES FL 33029

Mailing Address

911 NW 209 AVENUE  
UNIT 130  
PEMBROKE PINES FL 33029-2115

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/30/1996

3a. Date of Last Report

4. FEI Number

65-0638702

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

SHINGARY, KENNETH  
911 NW 209 AVENUE  
UNIT 130  
PEMBROKE PINES FL 33029

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	SHINGARY, KENNETH	911 NW 209 AVENUE, UNIT 130	PEMBROKE PINES FL 33029	<input type="checkbox"/>
<del>SD</del>	<del>SANFORD, ROBERT</del>	<del>911 NW 209 AVENUE, UNIT 130</del>	<del>PEMBROKE PINES FL 33029</del>	<input checked="" type="checkbox"/>
<del>VD</del>	<del>SHINGARY, DAVID</del>	<del>911 NW 209 AVENUE, UNIT 130</del>	<del>PEMBROKE PINES FL 33029</del>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
SECRETARY	Rick Lutz	911 N.W. 209 Ave Unit 130	Pembroke Pines, FL. 33029	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/> Change<td><input checked="" type="checkbox"/> Addition</td></td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY - ST - ZIP<td><input type="checkbox"/> Change<td><input checked="" type="checkbox"/> Addition</td></td></td>	2.4 CITY - ST - ZIP <td><input type="checkbox"/> Change<td><input checked="" type="checkbox"/> Addition</td></td>	<input type="checkbox"/> Change <td><input checked="" type="checkbox"/> Addition</td>	<input checked="" type="checkbox"/> Addition
Vice-President	Robert Sanford	911 N.W. 209 Ave Unit 130	Pembroke Pines, FL. 33029	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME <td>3.3 STREET ADDRESS<td>3.4 CITY - ST - ZIP<td><input type="checkbox"/> Change<td><input type="checkbox"/> Addition</td></td></td></td>	3.3 STREET ADDRESS <td>3.4 CITY - ST - ZIP<td><input type="checkbox"/> Change<td><input type="checkbox"/> Addition</td></td></td>	3.4 CITY - ST - ZIP <td><input type="checkbox"/> Change<td><input type="checkbox"/> Addition</td></td>	<input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td>	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME <td>4.3 STREET ADDRESS<td>4.4 CITY - ST - ZIP<td><input type="checkbox"/> Change<td><input type="checkbox"/> Addition</td></td></td></td>	4.3 STREET ADDRESS <td>4.4 CITY - ST - ZIP<td><input type="checkbox"/> Change<td><input type="checkbox"/> Addition</td></td></td>	4.4 CITY - ST - ZIP <td><input type="checkbox"/> Change<td><input type="checkbox"/> Addition</td></td>	<input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td>	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME <td>5.3 STREET ADDRESS<td>5.4 CITY - ST - ZIP<td><input type="checkbox"/> Change<td><input type="checkbox"/> Addition</td></td></td></td>	5.3 STREET ADDRESS <td>5.4 CITY - ST - ZIP<td><input type="checkbox"/> Change<td><input type="checkbox"/> Addition</td></td></td>	5.4 CITY - ST - ZIP <td><input type="checkbox"/> Change<td><input type="checkbox"/> Addition</td></td>	<input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td>	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME <td>6.3 STREET ADDRESS<td>6.4 CITY - ST - ZIP<td><input type="checkbox"/> Change<td><input type="checkbox"/> Addition</td></td></td></td>	6.3 STREET ADDRESS <td>6.4 CITY - ST - ZIP<td><input type="checkbox"/> Change<td><input type="checkbox"/> Addition</td></td></td>	6.4 CITY - ST - ZIP <td><input type="checkbox"/> Change<td><input type="checkbox"/> Addition</td></td>	<input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td>	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kenneth M. Shingary* PRES *Kenneth M. Shingary* 4-1-97 954-420-7085  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)